

Children, Families, Health and Human Service Committee

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Youth Dynamics Experience with Outcome Assessment

Introduction

Youth Dynamics is a private non-profit organization that has been providing behavioral health services to Montana children and families for almost 35 years. With 31 locations we have a statewide footprint and we work with between 1600 and 1800 kids every year; providing over 4000 individual services. Our service continuum is very complete and includes everything from therapeutic youth group homes to in home services to youth case management and family support services.

Since 1999 we have been infusing a culture of Performance Improvement and outcome assessment in everything we do. We have determined metrics and benchmarks for all of our operational support services as well as clinical services, and more recently have integrated this approach into our staff evaluation and incentive pay systems. In all instances our goal has been to identify and define reasonable and measureable outcome standards for which to measure our performance. Some of what we have learned over these 16 years is as follows:

- Valid and reliable outcome indicators in children's behavioral health are challenging to define
 - The definition of "success" is individually determined and will vary between the client, family, teacher, etc.; and the youth's circumstances
 - Children are multi-system involved and different systems define success in different ways
- Even when we can define a measure, attributing the specific service contribution to outcome results is also challenging
 - Evolution of the "wrap around" approach to treatment where each youth receives several behavioral health support services at the same time confounds determining which service had the most to do with success
 - The multi-system involvement confounds attribution to any particular part of the system

Utilization of Evidence Based Practices

We have also experimented with, and adopted a number of evidence based practices through this period of time. It is our feeling that utilizing these "proven" methods best assures that our clients are

receiving the services that give them the best possible chance of success, even in the absence of clear "success" measures. What we have learned in this process:

- Fidelity requirements vary between the methodologies and many of the fidelity requirements are very expensive and time consuming even to the point of being cost prohibitive, unless grant funding is available.
- Fidelity requirements can become an obstacle to service provision.
- Fidelity challenges are further exacerbated by turnover and demand for services.
- There are many EBP's and the applicability of each is established in the standardization process and one must consider this when choosing an EBP.

Evidence Based Practices Currently Utilized by Youth Dynamics

- Our Practice Model is based on the principles of Social Learning theory from behavioral psychology
 - Common terminology and concepts for all staff, treatment parents, parents, etc.
 - Promotes continuity of care and treatment across our services and locations
- Boys and Girls Town Teaching Family Model of intervention, more specifically Common Sense Parenting ("promising practice")
 - Fidelity: trainers attend 1 week of interactive training provided by Boys Town trainers, complete tests and demonstrations as part of this process, bi-annual re-certification
 - All staff trained by Boys Town certified trainer during staff orientation
 - Parent training courses also offered in many of our locations
- Trauma focused Cognitive Behavioral Therapy
 - Fidelity: Two day initial training, completion of two courses and an exam, approval of a vita, complete 12 week clinical consultation sessions
 - Initially, we required this of all of our therapists; now an internal training.
- Mandt System of behavioral crises interaction training
 - Fidelity: Initial certification of trainers is five day workshop, biannual re-certification requires three days of training
 - All staff receive this training from our trainers, with biannual renewal
- Youth Mental Health First Aid for community education and crises intervention
 - Trainers complete one week of interactive training by MHFA of America and must pass exam and demonstration; renewal requires providing three trainings per year
 - We offer this training statewide
- The Change Journals for intervention with youth that have substance use/abuse issues
 - Fidelity: Initial training by The Change Company with annual updates
 - All of our therapists receive training during orientation
- First Aid and CPR
 - Fidelity: American Heart Association provides training with updates
 - All staff receive this training as part of orientation

Youth Dynamics Performance Improvement System Overview

We collect data on the following indicators and analyze patterns within and between indicators. When indicated, we develop a “performance improvement action plan” to address identified deficiencies and areas for improvement. We consider this system to be a “work in progress” as we are constantly fine tuning the system as well as the indicators and benchmarks. Following is a summary of our current indicators for clinical services:

- Access
 - Service initiation lag time
 - Footprint for service continuum
- Effectiveness
 - Reason for Discharge
 - Admission symptom acuity compared to discharge symptom acuity, then at 3 months and 6 months post discharge
 - Client and family self-report of functioning at discharge, then 3 months and 6 months post discharge
- Efficiency
 - Average Length of Stay
 - Census/caseload information
 - Cost per program per location
- Satisfaction
 - Client/family/caseworker report of worker availability and responsiveness
 - Client/family/caseworker perception of improvement
- Other
 - Critical Incidents (medication errors, aggression, etc.)
 - Client grievances and complaints
 - Demographics (client age, gender, primary diagnosis, etc.)